



KW Insurance Group  
Savage Insurance | Vellocci Insurance | KW Insurance

## Certificate of Insurance Request Form

### Your Company Name (requestor):

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Certificate Holder Information (person or entity who requires the certificate):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Insured Status

Additional insured status is available only when you have a written contract in place stating that additional insured status is required. This may also generate an additional premium.

Is there any party requesting to be an additional insured?

Yes

No

If yes supply:

Name(s), Interest, Job/Property name, Location address:

### Special Instructions

Any certificate requesting Waiver of Subrogation, Primary & Non-Contributory, CG2010, Pollution, 30 or more days notice of cancellation or specific wording must be accompanied by a copy of the request from your client. Please note that some of these coverage extensions require underwriter approval and may generate additional premium. Instructions.